

WRITTEN TESTIMENT FOR SB580

"Good afternoon, Chair Dembrow and committee members, for the record, my name is Cynthia Voller and I am a speech and language pathologist working in Coos Bay, Oregon.

The American Speech and Hearing Association defines Code of Ethics as "Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally as well as honoring their responsibility to the public by promoting public understanding of the professions, by supporting the development of services designed to fulfill the unmet needs of the public, and by providing accurate information in all communications involving any aspect of the professions." How do we as educators and clinicians hold a code of ethics if we are not able to serve students professionally while also attending to their welfare? How is it ethical to work with high workloads and caseloads while impeding quality of therapy and services to be offered to students? If I have over 60 students and multiple sites to attend to within my work day and week, I will be forced to have bigger groups of students and provide less minutes to offer services. This brings up the issue of equitability amongst speech and language pathologists.

Is there equitability amongst speech and language pathologists within the state of Oregon? If one SLP (1.0 FTE) position has over 120 students and 15 locations as well as the responsibility to supervise and manage a speech and language pathology assistant and another SLP position (1.0 FTE) has 50 or less students on their caseload and no more than 2 or 3 sites and no speech and language pathology assistant, how is that an equitable and fair representation within our field and practice of speech and language pathology?

The ability to provide the most effective and productive speech and language services as well as make the greatest impact on students' learning depends on multiple factors such as: caseload size, types of students served, amount of paperwork, how many students you case manage, annual evaluations that need to be completed (initial, reevaluations, dismissals), annual speech screenings, consulting with staff and parents, collaboration with other SLP's and staff within school (s) settings, schools served, monthly staffing meetings, professional development and the space that is provided to work in. Remember that the work space that is provided is also the student space for learning, so if a Speech and Language Pathologist is provided a work space that is in a closet, an old bathroom, a room near a stage, a music room, or a gym that is also the space the learning space for students.

When I was part of the negotiation team for South Coast ESD, we attempted to address the class and caseload size within the collective bargaining agreement, however, it was met with resistance and a less than favorable outcome. The best we were able to agree upon was a Committee made up of several administrators and licensed employees to address workload concerns via a 3 Tiered system. It did not address the real issue of caseload and workload issues being assigned to 1 single person and the class sizes within the special education rooms. Not to mention the burn out of the speech and language pathologists and special education staff. The answer is not always providing more support via assistants. Sometimes the answer is less class and caseload size and better resources to be successful providing the support required for the students.

I have supervised many Clinical Fellows and graduate students over the years and many of these graduate students and Clinical Fellows who end up choosing to work within within a medical setting instead of a school setting for many of the issues that I described. It is difficult to feel valued and respected as a speech and language pathologist when we carry high caseloads, high workloads, and work spaces that are not conducive to productive and effective learning for our students. At some point we need to reflect on Quality of care and not Quantity of care.